

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8621 63-034153

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8621

FILED SEP 6 1963

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **5576 wells In Auto**Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTYc. CITY OR TOWN **St. Louis**Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

**1504 Inge Pl.**Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Topp****Straham**

4. DATE OF DEATH

Month

Day

Year

**8****22****63**

5. SEX

**Male**

6. COLOR OR RACE

**Negro**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**2-14-1894**

9. AGE (last birthday)

**70**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.**6****8****00****00**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Chauffeur**

10b. KIND OF BUSINESS OR INDUSTRY

**Retired**

11. BIRTHPLACE (City and state or country)

**St. Louis Ark.**

12. CITIZEN OF WHAT COUNTRY

**U. S. A.**

13a. FATHER'S NAME

**Topp Straham**

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

**Hazel Straham**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**Yes****WW I**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Hazel Straham 1504 Inge Pl.**18. CAUSE OF DEATH (Enter only one cause per item)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**Myocardial Infarction  
Atherosclerotic Heart Disease  
420.0**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

**8:19 A**

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**8-28-1963**

23c. NAME OF CEMETERY OR CREMATORY

**National Cem. Jefferson Barracks**

23d. LOCATION (City, town, or county)

**St. Louis County Mo.**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Atkins Bros.****3644 Finney Ave.****AUG 26 1963****Coat Smith. M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John X. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.